FILING DATE SERIAL NO. APPLICANT(S) **CLAIMS ONLY** CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED IND. IND. DEP. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL TOTAL IND. **(=)** TOTAL DEP. TOTAL DEP. TOTAL CLAIMS

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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